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Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 013878 (4)  
1. Corporation Name  
ST. JOSEPH TELEPHONE & TELEGRAPH COMPANY

Principal Place of Business

502 FIFTH STREET  
STE 400  
PORT ST JOE FL 32456  
US

Mailing Address

P.O. BOX 220  
PORT ST JOE FL 32457-0220  
US



3. Date Incorporated or Qualified

06/16/1924

3a. Date of Last Report

07/05/1996

4. FEI Number

59-0432770

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ELLMER, MARK R  
502 FIFTH STREET  
SUITE 400  
PORT ST JOE FL 32456

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature of registered agent and local applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DP  
LEWIS, JOHN M  
502 FIFTH STREET  
PORT ST JOE FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP

PVTS  
DIPAULI, ROBERT V  
502 FIFTH STREET  
PORT ST JOE FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DV  
VAUGHAN, J H  
502 FIFTH STREET  
PORT ST JOE FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP

V  
FAISON, JAMES B  
502 FIFTH STREET  
PORT ST JOE FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D  
THORNTON, W. L.  
1650 PRUDENTIAL DRIVE  
JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP

S  
ANDERSON, R A  
1650 PRUDENTIAL DRIVE  
JACKSONVILLE, FL 32202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James B. Faison

1/21/97

(904) 229-7235

Date

Daytime Phone #

CR2E034 (9/96)